**NOTICE OF PRIVACY PRACTICE**

THIS OFFICE HAS PROVIDED A COMPLETE COPY OF THE NOTICE OF PRIVACY PRACTICE DATED 04/04/2003.

Signature Date

I authorize release of all information to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FINANCIAL POLICY**

For your convenience we offer several options of payment: cash, check, debit or credit card. We also have companies willing to finance dental treatment with no money down. Payment arrangements must be agreed upon before procedure is initiated. If you have dental insurance, we will gladly file your claim for you; however, you are responsible for your account. *Each patient will receive an estimate for treatment needed, which will include their co-pays and deductibles. This is only an estimate and you are responsible for amounts not paid by the insurance.* *We cannot guarantee what insurance will or will not pay.* As a courtesy, we will submit your secondary insurance claims for you, with secondary payments going to the subscriber. If your insurance neglects to pay within 60 days, the balance on the account becomes your responsibility. If your account becomes delinquent, it will be turned over to a local collection agency and you will incur any collection costs and any related attorney’s fees. If you do not have dental insurance, we do have other payment options, you may discuss with options with our financial coordinator. All estimated payments are due at time of service.

**Patient initial:**

We are committed to superior service with the latest in technology, done in a timely manner. We reserve the right to charge $50 per hour for all broken/cancelled appointments that do not allow 48-hour notice. For any extensive treatment, you will be expected to apply a reservation fee at the time of scheduling. As our patient, we ask that you keep your account current to allow us to continue providing our highest level of care for you, your family and friends. Your account will be charged a return check fee in the amount of $35 for any check returned unpaid.

**Please read carefully before signing and dating this agreement.**

Sign Name Date

Print Name